

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000097854

1. Entity Name
MIDAS TOUCH, INC.

| | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 118 PRESSVIEW AVE. LONGWOOD FL 327503811 | Mailing Address 118 PRESSVIEW AVE. LONGWOOD FL 327503811 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

| | |
|---------------------------------------------------------|---------------------------------------------|
| 2. Principal Place of Business 118 N. PRESSVIEW AVE. | 3. Mailing Address 118 N. PRESSVIEW AVE. |
|---------------------------------------------------------|---------------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-----------------------------|
| City & State LONGWOOD FL | City & State LONGWOOD FL |
|-----------------------------|-----------------------------|

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3476766 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | | | |
|------------------|---------|------------------|---------|
| Zip 327503811 | Country | Zip 327503811 | Country |
|------------------|---------|------------------|---------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

NEPHEW STEPHEN E
118 PRESSVIEW AVE.

LONGWOOD FL 327503811 US

7. Name and Address of New Registered Agent

Name
NEPHEW STEPHEN E
 Street Address (P.O. Box Number is Not Acceptable)
118 N. PRESSVIEW AVE.

 City
LONGWOOD FL Zip Code
327503811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--------------------------------------|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME NEPHEW STEPHEN E | |
| STREET ADDRESS 118 PRESSVIEW AVE. | |
| CITY-ST-ZIP LONGWOOD FL 327503811 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen E. Nephew **D** **04/13/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)